

LICENSURE RENEWAL FOR CALENDAR YEAR 2015 FACT SHEET

Please remit your license fee, the completed fact sheet and CEU Certificate(s) by 1/31/15 Failure to comply may result in additional renewal fees.

Licensee Name: _____
(Please print the name as it appears on your license)

License Number: _____ Date of original issue: ____/____/____

Name of your business: _____

Business address: _____

City: _____ State: _____ Zip: _____

Phone: Office (____) ____ - _____ Fax: Office (____) ____ - _____

Home (____) ____ - _____ Email address: _____

LICENSURE SCREENING QUESTIONNAIRE

If you answer "yes" to any of the screening questions, please give the details on a separate sheet of paper.

1. In the past year, I have completed 10 hrs of continuing education & I have attached the certificate of completion (Must be previously approved by the Board) Yes___ No___
2. In the past two years, I have been convicted of a felony. Yes___ No___
3. In the past two years, I have been convicted of a morals charge. Yes___ No___
4. In the past two years, I have been treated for the use of narcotics. Yes___ No___
5. In the past two years, I have been treated for the use of alcohol. Yes___ No___
6. In the past two years, my license by any governmental agency has had some type of action taken against it. Yes___ No___
7. In the past two years, I have been treated for a physical or mental condition which may impact upon my ability to practice the Oriental Medicine. Yes___ No___

CHILD SUPPORT INFORMATION

Please circle the number of the statement which best describes your situation. If you circle "2" you must choose the response contained in "3" or "4" that applies to your child support payment obligation.

1. I currently have no obligation for child support payments.
2. I am currently obligated by Court Order for the payment of child support.
3. No arrearage exists on the child support obligation provided for by Court Order.
4. There currently exists an arrearage on the Court Order for child support payments.

I attest that the above statements are true and factual.

Signature of Licensee

____/____/____
Date